Supplementary Table 1: Senior Canine Behavior Questionnaire

Instruction: Indicate your assessment by entering score for each question. The purpose of this questionnaire is to identify behavior changes that have arisen or changed in your pet’s senior years. Therefore please consider your dog’s current behavior compared to when your pet was younger (e.g. <8yrs).

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| --- | --- | --- |
| Scoring Key (severity): **0**=*none (no change)* **1**=*mild* **2**= *moderate* **3**=*severe*  | At what age were signs first noticed? | **Score** |
| **A: Disorientation – Awareness – Spatial orientation (2 questions for inclusion of category)** |
| Gets stuck or has difficulty getting around objects  |  |  |
| Stares blankly - at walls, floor, or into space |  |  |
| Drops food and has problems finding  |  |  |
| Goes to hinge / wrong side of door |  |  |
| Walks into doors / walls  |  |  |
| Gets lost in home or yard |  |  |
| Does not recognize familiar people / familiar pets |  |  |
| **B: Altered Social Interactions - People (2 questions for inclusion of category)** |
| Decreased interest or time spent in petting / affection from family members  |  |  |
| Decreased interest in approaching or greeting family members  |  |  |
| Spending more time alone or away from family members \_\_\_ OR increased following / dependence on family members (“clingy”) \_\_\_  |  |  |
| More irritable / anxious / fearful / aggressive with family members  |  |  |
| More irritable / anxious / fearful / aggressive with other family pets Answer n/a if no other family pets  |  |  |
| More irritable / anxious / fearful / aggressive with visitors |  |  |
| More irritable / anxious / fearful / aggressive with unfamiliar animals |  |  |
| **C – Anxiety / response to stimuli** |
| More fearful / anxious / unsettled  |  |  |
| Increased anxiety when separated from owners (separation distress) |  |  |
| More reactive / fearful to visual stimuli (sights) \_\_\_\_ ORLess reactive / fearful to visual stimuli (sights) \_\_\_\_ |  |  |
| More reactive / fearful to auditory stimuli (sounds) \_\_\_\_ ORLess reactive / fearful to auditory stimulus (sounds) \_\_\_\_ |  |  |
| Increased fear of places / locations \_\_\_ new environments \_\_\_ going outdoors \_\_\_\_  |  |  |
| Increased vocalization daytime |  |  |
| Increased interest in food / treats \_\_\_\_ OR decreased in food / treats \_\_\_ |  |  |
| **D: Sleep–wake cycles: (2 questions for inclusion of category)** |
| Waking at night  |  |  |
| Sleeps less / restless at night \_\_\_ delayed falling asleep \_\_\_ wakes early\_\_\_ |  |  |
| Walking / pacing at night  |  |  |
| Night time vocalization  |  |  |
| Sleeps noticeably more during the day |
| **E: Housetraining, learning and memory (2 questions for inclusion of category)** |
| Indoor soiling urine \_\_\_ stools \_\_\_  |  |  |
| Decrease or loss of signaling to go out  |  |  |
| Decreased response to learned commands / name / tricks / work |  |  |
| Difficulty getting dog’s attention / more distracted / decreased focus  |  |  |
| Less able or slower to learn new tasks / tricks |  |  |
| Reduced ability to adjust to changes |  |  |
| **F. Activity (2 questions for inclusion of category)** |
| Increased activity – aimless pacing / wandering |  |  |
| Decreased exploration / play with toys  |  |  |
| Decreased interest in play with family members |  |  |
| Decreased interest in play with other pets – Answer n/a if not other pets |  |  |
| Decreased interest in spending time outdoors \_\_ walks \_\_\_ exercise \_\_  |  |  |
| Repetitive behaviors – licking \_\_\_ circling \_\_\_ chewing \_\_\_ star gazing\_\_ |  |  |

Supplementary Table 2: Canine Medical Health Questionnaire

Instruction: Please indicate your assessment by entering the number on the scale next to each question. Scoring Key: **0**=*none 1*=*mild 2*= *moderate 3*=*severe*

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| --- | --- | --- |
| Medical SignsTo be completed together with your veterinarian | Age when signs first noted? | **Score** |
| Appetite: Increased \_\_\_ Decreased \_\_\_ |  |  |
| Weight: Weight gain \_\_\_ Weight loss \_\_\_ |  |  |
| Gastrointestinal: Vomiting \_\_\_ Soft stools \_\_\_ Constipation \_\_\_ |  |  |
| Increased drinking:  |  |  |
| Increased urination: More frequent \_\_\_ More volume (amount) \_\_\_ |  |  |
| Respiratory: Coughing \_\_\_ Panting \_\_\_ Noisy / labored breathing \_\_\_ |  |  |
| Skin problems:If yes, describe: |  |  |
| Oral: Bad breath \_\_\_ Difficulty chewing / swallowing \_\_\_ Salivating \_\_\_ |  |  |
| Neurological: Shaking / tremors \_\_\_ Seizures \_\_\_ |  |  |
| Weakness / Incoordination: |  |  |
| Decline in vision:  |  |  |
| Decline in hearing: |  |  |
| Altered Mobility: Walking \_\_\_ Running \_\_\_ Jumping \_\_\_ Climbing \_\_\_ |  |  |
| Does your pet have any other health concerns not listed above: Y \_\_\_ N \_\_\_ If yes, describe:List medications, diet or supplements your pet is taking: Has the pet been diagnosed as having any other medical problems? Y \_\_\_ N \_\_\_ If yes, describe:  |